



Maine Bureau of Health

Human Arboviral Request Form

6/17/04

In order to submit a sample for West Nile Virus testing, the health care provider needs to complete this form. The lab also needs to complete and submit a HETL virology requisition form.

Case Name: _____ Parent Name: _____

Town of Residence: _____ Home Phone #: _____

DOB/Age: _____ Gender: _____ Race/Ethnicity: _____

If in a residential facility, contact name and no.: _____

Clinical Information

Person Completing this Form: _____ Title: _____

Health Care Provider: _____ Phone Number: _____

Sample taken in ED? Yes No Hospital: _____

Hospitalized? Yes No Hospital: _____

Admitted: ____/____/____ Discharged: ____/____/____

Symptom Onset Date: _____

Fever? YES NO highest reading: _____ Duration, in days: _____

Headache? YES NO Acute Flaccid Paralysis? YES NO

Rash? YES NO Tremors? YES NO

Myalgia? YES NO Anorexia? YES NO

Nausea? YES NO Diarrhea? YES NO

Encephalitis? YES NO Aspetic Meningitis? YES NO

Pregnant? YES NO Other? _____

Information on specimens being submitted:

Acute Blood: YES NO Collection Date: _____

Convalescent Blood: YES NO Collection Date: _____

CSF: YES NO Collection Date: _____

To Be Completed By Bureau of Health Staff:

Date Reported State: ____/____/____ Date Sample Received at HETL: ____/____/____

Tested: YES NO If no, why? _____ Epidemiologist: _____

Disposition: ____ Suspect WNV ____ Suspect WN Fever ____ Confirmed WNV ____ Confirmed WN Fever

Attach Copy of test results